

Application No. (if known): 10/541,424

Attorney Docket No.: 07700/061001

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One Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Fee Transmittal (1 page)

Amendment Transmittal (1 page)

Amendment (14 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

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PTO/SB/17 (01-06)

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VA-27		respond to a collection of information unless it displays a valid OMB control number. Complete if Known										
nt to the Consolid	18). App	Application Number 10/541,424-Co										
FEE TRANSMITTAL				g Date		July 5, 2005						
For		First Named Inventor		Hideo Morimoto								
	Exa	Examiner Name W. Be			Benson							
Applicant claims sm	Art l	Art Unit		2858								
TOTAL AMOUNT OF PAYMENT (\$) 170.00				mey Docket i	No.	07700/061001						
METHOD OF PAYME	NT (check all th	at apply)										
Check x Credit Card Money Order Other (please identify):												
X Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe												
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
		S FEES	SEARC		EXAM	INATION FEES Small Entity						
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	ee (\$)	Fee (\$)	Fee (\$		Fees F	Paid (\$)				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES												
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (incl	_						50 200	25 100				
Each independent claim		g Keissues)					360	180				
Multiple dependent claims												
21 - 20 =				Paid (\$) Multiple Depend 0.00 Fee (\$)			Fee Paid (
HP = highest numer of total c						55 (\$7)		_				
Indep. Claims Ext	ra Claims F	ee (\$)	Fee Paid	(\$)								
2 -6=	x	= =										
HP = highest numer of indepe	endent claims paid f	or, if greater than 3.										
3. APPLICATION SIZE F	EE					 .						
If the specification and listings under 37 CF	drawings excee	d 100 sheets of p	aper (exc	luding electr	onically	filed sequence or	computer	Λ				
sheets or fraction the	reof See 35 U	S C 41(a)(1)(G)	ee uue is .	FR 1.16(s).	ioi sinan	entity) for cacif a	dditional 5	•				
Total Sheets	Extra Sheets			onal 50 or fra	ction ther	eof Fee (\$)	Fee	Paid (\$)				
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4. OTHER FEE(S)							Fees	Paid (\$)				
Non-English Specific	Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00												
SUBMITTED BY												
Signature	-Chya.	11 2-1		stration No. mey/Agent)	33,98	6 Telephone	(713) 22	28-8600				
Name (Print/Type) Jonathan P. Osha T. Chyall Liang #48,885 Date May 19, 2006												
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